

# Application for Escalator and Moving Walk Installation Permit

176

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517/241-9337

| OFFICE USE ONLY     |      |
|---------------------|------|
| STATE SERIAL NUMBER |      |
| PERMIT NUMBER       |      |
| PERMIT APPROVED BY  | DATE |

## FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

|   |  |
|---|--|
| Authority: 1967 PA 227<br>Completion: Mandatory<br>Penalty: \$50.00 | The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |
|---|--|

## BILLING INFORMATION

|   |  |   |      |  |                |
|---|--|---|------|--|----------------|
| ELEVATOR LOCATION (BUILDING NAME)               |  |   |      | COUNTY   |                |
| LOCATION (ADDRESS)                              |  |   | CITY |  | ZIP CODE       |
| BILLING INFORMATION (OWNER OR DESIGNATED AGENT) |  | BILLING ADDRESS                             |      | CITY   | STATE ZIP CODE |
| TRAVEL BETWEEN<br>_____ FLOOR AND _____ FLOOR   |  | DEVICE<br>_____ ESCALATOR _____ MOVING WALK |      | TRAVEL DIRECTION<br>_____ UP _____ DOWN _____ HORIZONTAL                     |                |
| RATED STRUCTURAL LOAD<br>_____ LBS              |  | RATED MACHINERY LOAD<br>_____ LBS           |      | RATED BRAKE<br>_____ LBS   |                |
| OPERATING SPEED<br>_____ FPM                    |  | VERTICAL RISE<br>_____ FT _____ IN          |      | HORIZONTAL DISTANCE BETWEEN UPPER AND LOWER COMB PLATES<br>_____ FT _____ IN |                |

## DEVICE

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD<br>24" 32" 48" _____ IN |  |  | WIDTH OF STEPS OR PALLETS<br>16" 22" 40" _____ IN |   |  |
| BALUSTRADE MATERIAL   |  | STEP OR PALLET TREAD MATERIAL                                  |   | HANDRAIL MATERIAL                                       |  |
| TYPE OF HANDRAIL ENTRY DEVICE   |  | CLEARANCE BETWEEN RISER AND BACK OF TREAD<br>_____ FT _____ IN |   | LANDINGS AND TREAD ILLUMINATION ADEQUATE<br>YES NO      |  |
| SKIRT DEFLECTOR DEVICE<br>YES NO  |  | STEP/SKIRT PERFORMANCE INDEX                                   |   | MAXIMUM LOADED GAP<br>_____ IN                          |  |
| HANDRAIL SPEED MONITORING DEVICE<br>YES NO                                  |  | SAFETY ZONE<br>YES NO  |   | SMOKE DETECTORS<br>YES NO                               |  |
| STOP BUTTON LOCATION  |  | ADEQUATELY MARKED<br>YES NO                                    |   | ANTI-SLIDE DEVICE<br>YES NO                             |  |
|   |  |  |   | SKIRT OBSTRUCTION DEVICE<br>TOP BOTTOM<br>YES NO YES NO |  |

## MACHINE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| TYPE OF DRIVE<br>WORM GEAR AND SPROCKET WORM GEAR                     |  | REVERSE PHASE RELAY PROVIDED<br>YES NO                       |  | MOTOR H.P.  |  |
| VOLTAGE<br>_____ A.C. _____ D.C.                                      |  | OPERATING VOLTAGE<br>_____ A.C. _____ D.C.                   |  | GOVERNOR TYPE<br>_____ TRIPPING SPEED<br>_____ FPM          |  |
| ESCALATOR DRIVING-MACHINE BRAKE TORQUE<br>METHOD<br>BREAKAWAY DYNAMIC |  | LOCATION<br>MOTOR SHAFT MACHINE INPUT SHAFT MAIN DRIVE SHAFT |  | MEASUREMENT<br>_____ FT/LB                                  |  |
| GOVERNOR SEALED<br>YES NO   |  | TEST TAG ATTACHED<br>YES NO                                  |  | REVERSAL STOP DEVICE TYPE<br>BROKEN DRIVE CHAIN DEVICE TYPE |  |
| CHAINS GUARDED<br>YES NO  |  | STEP OR PALLET WHEEL DIAMETER<br>_____ IN                    |  | TRAILER WHEEL DIAMETER<br>_____ IN                          |  |
|   |  |  |  | WHEEL TREAD MATERIAL  |  |

## CONTRACTOR SIGNATURE

|  |  |                           |                  |
|--|--|---------------------------|------------------|
| CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY) |  | CONTRACTOR LICENSE NUMBER | PERMIT FEE<br>\$ |
| CONTRACTOR'S SIGNATURE                             |  | DATE                      |                  |

## OFFICE USE ONLY

## INSPECTOR'S SIGNATURE/COMMENTS

|                       |                  |      |
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| INSPECTOR'S COMMENTS  |                  |      |
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| RATED STRUCTURAL LOAD<br>_____ LBS              |  | RATED MACHINERY LOAD<br>_____ LBS           |      | RATED BRAKE<br>_____ LBS   |                |
| OPERATING SPEED<br>_____ FPM                    |  | VERTICAL RISE<br>_____ FT _____ IN          |      | HORIZONTAL DISTANCE BETWEEN UPPER AND LOWER COMB PLATES<br>_____ FT _____ IN |                |

## DEVICE

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|---|--|--|---|---|--|
| WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD<br>24" 32" 48" _____ IN |  |  | WIDTH OF STEPS OR PALLETS<br>16" 22" 40" _____ IN |   |  |
| BALUSTRADE MATERIAL   |  | STEP OR PALLET TREAD MATERIAL                                  |   | HANDRAIL MATERIAL                                       |  |
| TYPE OF HANDRAIL ENTRY DEVICE   |  | CLEARANCE BETWEEN RISER AND BACK OF TREAD<br>_____ FT _____ IN |   | LANDINGS AND TREAD ILLUMINATION ADEQUATE<br>YES NO      |  |
| SKIRT DEFLECTOR DEVICE<br>YES NO  |  | STEP/SKIRT PERFORMANCE INDEX                                   |   | MAXIMUM LOADED GAP<br>_____ IN                          |  |
| HANDRAIL SPEED MONITORING DEVICE<br>YES NO                                  |  | SAFETY ZONE<br>YES NO  |   | SMOKE DETECTORS<br>YES NO                               |  |
| STOP BUTTON LOCATION  |  | ADEQUATELY MARKED<br>YES NO                                    |   | ANTI-SLIDE DEVICE<br>YES NO                             |  |
|   |  |  |   | SKIRT OBSTRUCTION DEVICE<br>TOP BOTTOM<br>YES NO YES NO |  |

## MACHINE

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| TYPE OF DRIVE<br>WORM GEAR AND SPROCKET WORM GEAR                     |  | REVERSE PHASE RELAY PROVIDED<br>YES NO                       |  | MOTOR H.P.                         |  |
| VOLTAGE<br>_____ A.C. _____ D.C.                                      |  | OPERATING VOLTAGE<br>_____ A.C. _____ D.C.                   |  | GOVERNOR TYPE                      |  |
| ESCALATOR DRIVING-MACHINE BRAKE TORQUE<br>METHOD<br>BREAKAWAY DYNAMIC |  | LOCATION<br>MOTOR SHAFT MACHINE INPUT SHAFT MAIN DRIVE SHAFT |  | MEASUREMENT<br>_____ FT/LB         |  |
| GOVERNOR SEALED<br>YES NO   |  | TEST TAG ATTACHED<br>YES NO                                  |  | REVERSAL STOP DEVICE TYPE          |  |
| CHAINS GUARDED<br>YES NO  |  | STEP OR PALLET WHEEL DIAMETER<br>_____ IN                    |  | TRAILER WHEEL DIAMETER<br>_____ IN |  |
|   |  |  |  | WHEEL TREAD MATERIAL               |  |

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| SKIRT DEFLECTOR DEVICE<br>YES NO  |  | STEP/SKIRT PERFORMANCE INDEX<br>MAXIMUM LOADED GAP<br>_____ IN |   | COMB-STEP OR PALLET IMPACT DEVICE<br>YES NO             |  |
| HANDRAIL SPEED MONITORING DEVICE<br>YES NO                                  |  | SAFETY ZONE<br>YES NO  |   | SMOKE DETECTORS<br>YES NO                               |  |
| STOP BUTTON LOCATION<br>YES NO  |  | ADEQUATELY MARKED<br>YES NO                                    |   | ANTI-SLIDE DEVICE<br>YES NO                             |  |
| STEP OR PALLET LEVEL DEVICE<br>YES NO                                       |  | MISSING STEP OR PALLET DEVICE<br>YES NO                        |   | SKIRT OBSTRUCTION DEVICE<br>TOP BOTTOM<br>YES NO YES NO |  |

## MACHINE

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